

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

700512

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
101							/ 51												
102							/ 52												
103							/ 53												
104							/ 54												
105							/ 55												
106							/ 56												
107							/ 57												
108	✓		1				/ 58												
109		✓	1	✓			/ 59												
110		✓	1	✓			/ 60												
111							/ 61												
112							/ 62												
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145							/ 95												
146							/ 96												
147							/ 97												
148							/ 98												
149							/ 99												
150							200												
TOTAL IND.	4	1	3	1			TOTAL IND.												
TOTAL DEP.	1	1	1	1			TOTAL DEP.												
TOTAL CLAIMS	5	2	4	2			TOTAL CLAIMS												

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
4							54					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

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